

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-815)

SERIAL NO:

FILING DATE

101594,957

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3		12						53					
4		21						54					
5		12						55					
6		67						56					
7		10						57					
8		67						58					
9		60						59					
10		67						60					
11		60						61					
12		67						62					
13		10						63					
14		67						64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
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22								72					
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35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL R.D.	1							TOTAL IND.					
TOTAL DEP.	13	←		←		←		TOTAL DEP.	↓		↓		↓
TOTAL CLAIMS	14	████████		████████		████████		TOTAL CLAIMS	████████		████████		████████